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Correspondence

Correspondents are asked to be brief.

N.H.S. Consultants

SIR,—An award of 5% to consultants and general practitioners has been announced (*The Times*, 7 August), making a total of 20% this year, as against 30% recommended by the Review Body.

I wish to point out that the B.M.A's evidence to the Review Body showed clearly that the remuneration of consultants has been kept below the 3½% per annum line continuously for the past ten years. At the same time the prices and incomes board informed the Review Body that the remuneration of solicitors, architects, university teachers, and graduates in industry increased at rates of not less than 5½% per annum between 1955-6 and 1967-8.

The latest award creates a further anomaly in that the remuneration of senior registrars will now exceed the pay of consultants at the start of their appointments. There are many other factors related to remuneration especially in the matter of expenses, where, in particular, whole-time National Health Service consultants have received continuous shabby treatment from the Government.

I am sure that doctors in general and consultants in particular must continue to regret ever joining the National Health Service in such a way that they become Government employees and tied to a monopoly employer. We have constantly, and under Governments of both parties, been the first to be made to conform to incomes policies which other groups have been able to evade. Unless the situation can be radically improved I am sure doctors will continue to consider whether or not they should remain within the National Health Service as at present constituted.

I think consultants might consider carefully all extra work which is done for no extra pay. For example, I for one take the view that the provision of consultant opinions on patients in hospitals other than those designated in a consultant's contract (HM/69/88) should be paid for in the same way as domiciliary visits requested by a general practitioner, and that, in the meantime, consultants might consider working to rule in this matter.

The Review Body in its Twelfth Report again stated that it considers annual reviews of pay to be undesirable. It is clear, however, that time and again when doctors have been given an award over 10% which has been meant to cover a period of more than a year, politicians and the Press have treated this as if it were an annual award and we have suffered accordingly. For this reason I am sure our negotiators should insist on annual awards in future.—I am, etc.,

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G.P.'s in the Hospital

SIR,—How interesting it was to read your article "Has the G.P. a Place in the Hospital?" (8 August, p. 335). "Dr. Apoth.," as you named him, emerged as the wise and humble doctor whose wisdom allowed him to rise above the concern with prestige which flavoured most of "Dr. Phys.'s" remarks.

Is it not time that we faced the reality that the average general practitioner sees, diagnoses, and treats many times more cases of real illness than the average specialist. The great majority of medical conditions which are curable can be diagnosed in the home or the surgery with clinical skill and experience and a minimum of expensive laboratory help. "Dr. Phys." would do well to reflect, when he says that he is doing too much routine work already, just what his role is, and just how much routine work he has done for him (uncomplainingly, too).

Of course a general practitioner must be more than one who develops "high standards of domiciliary care of his patients, both before and after early discharge." He is a doctor—to most patients *the* doctor. As such he has a right to use the same tools as the physician. This awful idea that a general practitioner will abuse his facilities because he is not a member of the Royal College of Physicians must be put an end to. It is false and damaging.

One point which was not touched upon in the discussion, and one which I think is crucial, is care of patients whom the consultant physicians are not interested in dealing with—those patients not entitled to a general hospital bed. These are the helpless geriatric patient, the geriatric or convalescent patient who requires rehabilitation, and the patient with a malignant or untreatable condition. In the last category comes the patient with, say, a malignant pleural effusion which keeps recurring, or a patient with leg ulcers requiring frequent dressing. These patients sometimes can be managed at home, but there are many who benefit from short periods of hospital admission, often because home conditions are unsuitable. It is my experience that the existing hospital service could not care less about such problems. There is nothing more saddening than the heartfelt cry of a bereaved relative, "But I wish he hadn't had to die here, doctor. If only you could have got him into hospital." General practitioner beds and cottage hospitals could solve—or help to solve—this sort of situation. The family doctor would really be able to help his patient, and he would get satisfaction from doing it.

So often these days it seems to become more apparent that hospital specialists are concerned with the wonder of modern medicine, while the patient himself is a tiresome appendage. Family doctors tend to be such because they have a vocation and are interested in the humanitarian aspects of the patients' problems, not merely the scientific aspects.—I am, etc.,

B. HERBERT.

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